

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

EXAMINER'S CASE ACTION WORKSHEET

Application No.
10/066,020



Legal Instrument Examiner

CHECK TYPE OF ACTION

DATE OF COUNT

<input type="checkbox"/> Non-Final Rejection	<input type="checkbox"/> Restriction/Election Only	<input type="checkbox"/> Final Rejection
<input type="checkbox"/> Ex Parte Quayle	<input checked="" type="checkbox"/> Allowance	<input type="checkbox"/> Advisory Action
<input type="checkbox"/> Examiner's Answer	<input type="checkbox"/> Reply Brief Noted	<input type="checkbox"/> Non-Entry of Reply Brief
<input type="checkbox"/> Defective Notice of Appeal	<input type="checkbox"/> Interference Disposal SPE _____ (Approval for Disposal)	<input type="checkbox"/> Suspension (Examiner-Initiated) SPE _____ (initial)
<input type="checkbox"/> Defective Appeal Brief	<input type="checkbox"/> SIR Disposal (use only after FAOM)	<input type="checkbox"/> Supplemental Examiner's Amendment
<input type="checkbox"/> Miscellaneous Office Letter (With Shortened Statutory Period Set)	<input type="checkbox"/> Notice of Non-Responsive Amendment (With One Month Time Period set)	<input type="checkbox"/> Miscellaneous Office Letter (No Response Period Set)
<input type="checkbox"/> Abandonment after BPAI Decision	<input type="checkbox"/> Supplemental Action (excluding Examiner's Answer)	<input type="checkbox"/> Response to Rule 312 Amendment
<input type="checkbox"/> Letter Restarting Period for Response (e.g., Missing References)	<input type="checkbox"/> Interview Summary	<input type="checkbox"/> Authorization to Change Previous Office Action SPE: _____ (Initial)
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Express Abandonment Date: _____	<input type="checkbox"/> Other Specify: _____

Examiner's Name: Tam Nguyen

AU: 3764

ALLOWANCE HOT LIST

Appl. No. 10/066 020Examiner-TC 370Prepared by [Signature]Date 9-08-04

JACKET:

☒ YES ☐ NO Primary Examiner box complete.
☒ YES ☐ NO Issuing Classification complete.

PTO-892/1449:

☒ YES ☐ NO Examiner's initials or cross-through lines supplied for each item cited by applicant.
☒ YES ☐ NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

SPEC:

☒ YES ☐ NO Brief Description of Drawings includes description of each figure in drawing.
☒ YES ☐ NO Continuing data is mentioned in 1st paragraph. (Can be an insert.)

CLAIMS:

☒ YES ☐ NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.
☒ YES ☐ NO Claims correctly numbered in index.
 (No duplicate or missing claim numbers.)
 (No incorrect dependencies.)

CITE:

☒ YES ☐ NO If necessary (biological sequence listing).

NOTICE OF ALLOWABILITY:

☒ YES ☐ NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.

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- ☐ **OTHER:** _____

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